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Exploring Knowledge and Awareness Level of Postpartum Depression among Multiparous Women in Saudi Arabia

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Abstract **Introduction:** A severe depressive episode with a peripartum onset is referred to as postpartum depression, which means that the most recent episode happened both during pregnancy and in the four weeks immediately following birth. **Objectives:** Objectives were to study the awareness and knowledge level regarding postpartum depression after multiple pregnancies among Saudi women. **Method:** A cross-sectional study was carried out with Saudi women with multiple pregnancies in Saudi Arabia based on a structured questionnaire. The questionnaire consisted of both closed-ended and multiple-choice questions, divided into sections covering sociodemographic information, familiarity with PPD, personal and observed experiences, recognition of symptoms, sources of information, perceived risk factors, cultural influences, barriers to seeking help, and views on available support services. **Results:** A total of 106 participants, primarily from the Makkah region, were surveyed using a structured questionnaire. While 97.2% had heard of PPD, only 18.9% were very familiar with it, and 20.8% were unaware it could occur after multiple pregnancies. Cultural factors such as lack of extended family support (72.6%) and societal pressures (62.3%) were commonly cited risk factors. Although 79.2% believed PPD is a significant issue, 77.4% had never discussed it with a healthcare provider, and 83% were unaware of existing support services. Social media was the most common information source. Cultural stigma and lack of appropriate services were major barriers. Prior knowledge of PPD was significantly associated with familiarity levels (p=0.001), and awareness of support services significantly influenced perception of provider adequacy (p=0.002). Findings highlight the need for culturally tailored interventions. **Conclusion:** This study contributes to the emerging discourse surrounding postpartum depression by exposing critical knowledge gaps among multiparous women in Saudi Arabia. Despite high levels of general awareness, the findings suggest a pressing need for targeted educational initiatives that address specific misconceptions and barriers to care.

Key Words Postpartum Depression, Multiple Pregnancies, Saudi Women

INTRODUCTION

The term "postpartum depression" refers to a severe depressive episode with a peripartum start, meaning that the most recent episode occurred both during pregnancy and in the four weeks immediately following birth [1]. PPD symptoms are similar to other depression disorders, however, PPD can be distinguished from other forms of depression by its onset and duration. Loss of appetite, sleeplessness, extreme irritability, rage, exhaustion, lack of joy in life, extreme mood swings, and the most concerning symptom hearing thoughts of harming oneself or a baby are all signs of PPD, all of these signs could indicate that the mother might neglect her child [2]. According to a study, one out of every seven moms had this condition [3]. According to

a significant meta-analysis carried out in 2021; the prevalence rate of postpartum depression worldwide is 17.22% [4]. A study in 2023 at a tertiary care hospital, in Saudi Arabia reported that the prevalence of PPD was 50.3%, which is greater than any previous studies in Saudi Arabia. risk factors were sleep difficulties (p = 0.005), lack of interest in daily activities (p = 0.031), mood swings (p = 0.021), frequent episodes of depression (p 0.0001), and annoyance or concern (p 0.0001) also found to significantly increase the risk of PPD [5]. Research in southwest of Saudi Arabia showed that Postpartum depression was seen in 43.4% of women. The main indicators of developing PPD were found to be family conflict and a lack of support from spouse and family during pregnancy. Women who reported family conflict were six times more likely to develop PPD than those who did not report family conflict (aOR = 6.5, 95% CI = 2.3-18.4). Women who reported a lack of marital support during pregnancy had a 2.3-fold greater risk of PPD (aOR = 2.3, 95% CI = 1.0-4.8), while women who did not get family support during pregnancy were more than three times more likely to suffer PPD (aOR = 3.5, 95% CI 1.6-7.7) [6]. A study in the women of Hail, Saudi Arabia reported data was obtained from 316 women between the ages of 20 and 45 who are mothers of one or more children and have not been diagnosed with any psychiatric disorder. The demographic data is as follows. The study included 316 individuals, with 38.61% aged between 31 and 40 years old, followed by 41-45 years old (34.49%), and 20-30 years old (26.90%). The majority (76.58%) had a university education, with secondary school (15.51%) [7].

The number of studies related to our topic is limited, particularly in the Middle East and the Arab world, and many existing studies suffer from methodological weaknesses, such as small sample sizes and inconsistent findings. Recent research conducted in Syria found that nearly one in three women experience postpartum depression. The burden of mental health challenges extends beyond the individual, significantly affecting children and families as well. These findings highlight the urgent need for more rigorous and comprehensive research in this area.

Objectives

The aim of this study was to measure the knowledge level among Saudi population about postpartum depression after multiple pregnancies.

METHODS

Study Design

This study was a cross-sectional study Conducted between Aug 2023 – May 2025 in Saudi Arabia, based on a structured validated questionnaire. Participants in the research included postpartum women over age of 18 whose gave birth to various infants in Saudi Arabia.

Inclusion and Exclusion Criteria

Women in Saudi Arabia with a history of multiple pregnancies who agreed to participate in the study were included. Men and women who declined to participate were excluded.

Sample Size

By using the Qualtrics calculator and a 95% degree of confidence, the size of the sample was estimated, So the minimum sample size was 384.

The Sample size was estimated by using this formula:

$$n= P (1-P) * Z\alpha\ 2 / d\ 2$$

- with a confidence level of 95%
- n: Calculated sample size
- Z: The z-value for the selected level of confidence (1- a) = 1.96.
- P: An estimated knowledge
- Q: (1 – 0.50) = 50%, i.e., 0.50
- D: The maximum acceptable error = 0.05.

So, the calculated minimum sample size was:

$$n = (1.96)2\ X\ 0.50\ X\ 0.50/(0.05)\ 2 = 384$$

Data Collection and Study Tool

Data for this study were collected through a structured, self-administered electronic questionnaire distributed to multiparous women across various regions in Saudi Arabia, with a predominance of participants from the Makkah region. The data collection period spanned four weeks during 2023. The survey was designed to assess participants' knowledge, awareness, and perceptions regarding postpartum depression (PPD) after multiple pregnancies, with specific attention to cultural, social, and healthcare-related factors relevant to the Saudi context.

The questionnaire consisted of both closed-ended and multiple-choice questions, divided into sections covering sociodemographic information, familiarity with PPD, personal and observed experiences, recognition of symptoms, sources of information, perceived risk factors, cultural influences, barriers to seeking help, and views on available support services. Responses were collected anonymously using a secure online platform to ensure participant confidentiality and encourage honest reporting. The tool was reviewed for content relevance and clarity prior to distribution, ensuring alignment with the study's objectives.

Pilot Test

The questionnaire was distributed to 20 individuals who were asked to complete it. This pilot test aimed to evaluate the simplicity of the questionnaire and the feasibility of the study. Data collected during the pilot study were excluded from the final analysis of the study.

Analysis and Entry Method

By using the "Microsoft Office Excel Software" program (2016) for Windows, the collected data was entered into the computer. In order to perform statistical analysis, data was subsequently transferred to the Statistical Package of Social Science Software (SPSS) program, version 20 (IBM SPSS Statistics for Windows, Version 20.0. Armonk, NY: IBM Corp.).

RESULTS

Table 1 displays various demographic parameters of the participants with a total number of (106). Majority of the respondents were in the age group of 25-34years (32.1%); those aged 35-44 years were 21.7% and those 45-54 years were 20.8%. Women aged between 18 and 24, 17.9% of the participants, was followed by older population 55 years and over, which constituted 7.5% of a total sample. Only female participants were involved in the study, which made up 100% of the sample. Geographically, the Makkah region contributed the highest percentage of respondents (74.5%) indicating regional bias within the sample.

As shown in figure 1, A small slice of the population, representing 18.9% (n=20) indicated high level of familiarity with postpartum depression. Somewhat familiar, a substantial majority (72.6%, n=77) reported. On the other hand, only 8.5% of respondents, 9 people, indicated that they lacked familiarity with the topic.

Table 1: Sociodemographic characteristics of participants (n=106)

Parameter		No.	Percent
Age	18 to 24	19	17.9
	25 to 34	34	32.1
	35 to 44	23	21.7
	45 to 54	22	20.8
	55 or more	8	7.5
Gender	Female	106	100.0
Region	Al-Baha Region	1	0.9
	Assir Region	1	0.9
	Hail region	3	2.8
	Jazan Region	2	1.9
	Madinah Region	7	6.6
	Qassim Region	2	1.9
	Riyadh Region	5	4.7
	Tabuk Region	2	1.9
	Eastern Region	3	2.8
	Jeddah	1	0.9
	Makkah	79	74.5

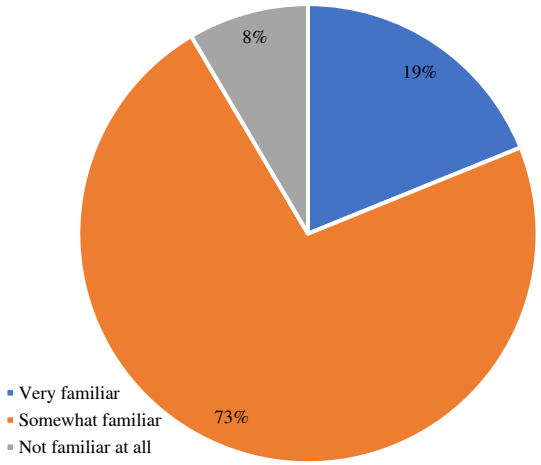

Figure 1: Level of personal knowledge regarding postpartum depression after multiple pregnancies in the Saudi culture among participants (n = 106)

Table 2 sheds light on the awareness and familiarity of participants with postpartum depression (PPD) specifically concerning multiple pregnancies. Most of the participants reported (97.2%) that they had heard of PPD before, but a significant part of them (20.8%) did not even know that multiple pregnancy can result in PPD. Notably, experiences were cut nearly in half as approximately 49.1% of the participants either reported personal or acquaintance-level exposure to PPD after multiple pregnancies. However, the level of familiarity with the PPD based on the Saudi cultural group differed, with most of the group describing themselves as "somewhat familiar" (72.6%), and those who considered themselves "very familiar" were a minority (18.9%). Some

Table 2: Parameters related to knowledge and familiarity regarding postpartum knowledge (n=106).

Parameter		No.	(%)
Have you heard of postpartum depression (PPD) before?	No	3	2.8
	Yes	103	97.2
Do you know that postpartum depression can occur after multiple pregnancies?	No	22	20.8
	Yes	84	79.2
Have you or someone you know, experienced, postpartum depression after multiple pregnancies?	No	54	50.9
	Yes	52	49.1
How much do you know about postpartum depression after multiple pregnancies within Saudi cultural context?	Very familiar	20	18.9
	Somewhat familiar	77	72.6
	Not familiar at all	9	8.5
What do you think are the specific risk factors for developing postpartum depression after multiple pregnancies in Saudi Arabia?*	Lack of extended family support	77	72.6
	Culture expectations, and pressures	66	62.3
	Limited social networks for your mothers	27	25.5
	Financial constraints specific to Saudi culture	21	19.8
How familiar are you with specific signs and symptoms of postpartum depression after multiple pregnancies in Saudi Arabia?	Very familiar	19	17.9
	Somewhat familiar	73	68.9
	Not familiar at all	14	13.2
Do you think that postpartum depression after multiple pregnancies Is a significant Issue within the Saudi cultural context?	No	11	10.4
	Yes	71	67.0
	Not sure	24	22.6
What sources of specific information have you come across regarding postpartum depression after multiple pregnancies in Saudi Arabia?*	Healthcare professionals in Saudi Arabia	39	36.8
	Saudi Arabian online articles or websites	43	40.6
	Social media accounts specific to Saudi culture	59	55.7
	Books or magazines written by Saudi authors	13	12.3
	Others	5	4.7
Do you believe that healthcare providers in Saudi Arabia adequately address postpartum depression after multiple pregnancies within Saudi cultural context?	No	25	23.6
	Yes	32	30.2
	Not sure	49	46.2

*Results may overlap

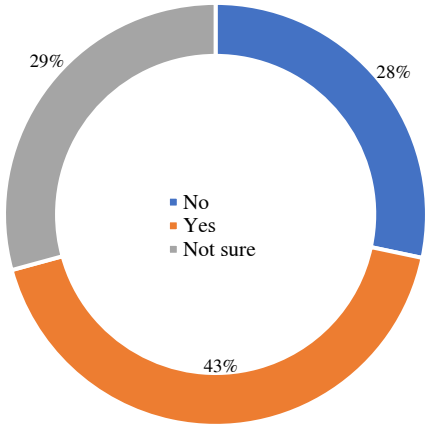

Figure 2: Effect of personal experience among Saudi women who experienced postpartum depression after multiple pregnancies among participants (n = 106)

of the specific risk factors mentioned by participants were lack of extended family support (72.6%) and cultural expectations /pressures (62.3%). Awareness of the signs and symptoms of PPD generally matched the overall knowledge of the disorder. About 22.6% are not sure as to the importance of PPD, the majority considering it a significant issue. 55.7% of participants recognized social media as a major source of information, while only 30.2% believed healthcare professionals adequately manage PPD after several pregnancies. About 46.2% were unsure about this aspect, implying potential lapses in their awareness level or faith in medical facilities.

As shown in figure (2), According to the survey, 42.5% of respondents believe that Saudi women who experience PPD after multiple pregnancies are more informed about it. On the other hand, there are 28.3% (n=30) who are not aware of this belief. A significant 29.2% (n=31) of people were unconfident when responding.

Table 3 gives significant details about awareness, knowledge, and barriers identified to postpartum depression (PPD) after multiple pregnancies among Saudi Arabian women. The respondents reported that traditional practices had affected postpartum care for 62.3% of the participants thus, showing the importance of culturally sensitive intervention. Many (79.2%) participants reported as their key reason for attending the session that they found the need to discuss PPD to be meaningful, but 77.4% have never discussed it with their healthcare provider, and 83% remain lacking in knowledge of support services that are available. This gap indicates that there is an urgent need for an improved dialogue and more available resources. While more than 70% indicated willingness to discuss PPD, cultural stigma (33.9%) and the inability to access culturally appropriate help (76.4%) continued to be significant barriers to obtaining help. From these findings, it is apparent that education and training will need to address PPD in Saudi Arabia as culturally sensitive (48.1%), healthcare providers will need to have culturally effective support skills (66.0%), and support groups ought to be developed with family involvement in mind (53.8%).

Table 3: participants' knowledge and awareness of postpartum knowledge (n=106)

Parameter		No.	(%)
Are there any specific factors in Saudi Arabia that might influence the recognition and acknowledgement of postpartum depression after multiple pregnancies? *	Cultural attitude towards mental health in Saudi Arabia	42	39.6
	Influence religious beliefs on seeking help for mental health issues	30	28.3
	Role of extended family support in Saudi culture	55	51.9
	Influence of traditional practices and customers on postpartum care	66	62.3
In your opinion, what specific steps can be taken to improve knowledge and awareness of postpartum depression after multiple pregnancies in Saudi Arabia? *	Incorporation Saudi cultural value and norms in education and awareness campaigns	51	48.1
	Training healthcare professionals to provide culturally sensitive support to women with postpartum depression in Saudi Arabia	70	66.0
	Establishing specialized support groups for Saudi women with multiple pregnancies	57	53.8
	Involving family members particularly female relatives, in the support process	60	56.6
	Others	2	1.9
Are there Any specific Barriers that prevent Saudi women for seeking help or support for postpartum depression after multiple pregnancies? *	Lack of awareness about culturally appropriate resources	81	76.4
	Cultural stigma surrounding mental health in Saudi Arabia	36	33.9
	Limited access to healthcare services specific to Saudi culture	39	36.8
	Language barriers specific to Saudi culture	19	17.9
	Others	3	2.8
Do you believe That Saudi women who experienced postpartum depression after multiple pregnancies are more knowledgeable about the condition within Saudi culture context?	No	30	28.3
	Yes	45	42.5
	Not sure	31	29.2
How important do you think is to address Postpartum depression after multiple pregnancies within Saudi culture context?	Very important	84	79.2
	Somewhat important	20	18.9
	Not important	2	1.9
Have you ever discussed postpartum depression after multiple pregnancies with your healthcare provider?	No	82	77.4
	Yes	24	22.6
Are You aware of any support services or resources specifically designed for Saudi women experiencing postpartum depression after multiple pregnancies?	No	88	83.0
	Yes	18	17.0
Would You Feel comfortable discussing postpartum depression after multiple pregnancies openly with your family or friends?	Yes, I would feel comfortable discussing it openly	74	69.8
	No, I would not feel comfortable discussing it openly	6	5.7
	It depends on the situation	26	24.5

*Results may overlap

Table 4 shows that previous knowledge of postpartum depression has statistically significant relation to level of personal knowledge regarding postpartum depression after multiple pregnancies in the Saudi culture (P value=0.001). It

Table 4: Relation between previous knowledge of postpartum depression and sociodemographic and familiarity regarding postpartum depression.

Parameters		Previous knowledge of postpartum depression		Total (N=106)	P value*
		Yes	no		
How familiar are you with the specific signs and symptoms of postpartum depression after multiple pregnancies in Saudi Arabia?	Very familiar	19	0	19	0.472
		18.4%	0.0%	17.9%	
	Somewhat familiar	71	2	73	
		68.9%	66.7%	68.9%	
	Not familiar at all	13	1	14	
		12.6%	33.3%	13.2%	
Which age group do you belong to?	18 to 24	18	1	19	0.350
		17.5%	33.3%	17.9%	
	25 to 34	33	1	34	
		32.0%	33.3%	32.1%	
	35 to 44	23	0	23	
		22.3%	0.0%	21.7%	
	45 to 54	22	0	22	
		21.4%	0.0%	20.8%	
	55 or more	7	1	8	
		6.8%	33.3%	7.5%	
How much do you know about postpartum depression after multiple pregnancies within the Saudi cultural context?	Very familiar	20	0	20	0.001
		19.4%	0.0%	18.9%	
	Somewhat familiar	76	1	77	
		73.8%	33.3%	72.6%	
	Not familiar at all	7	2	9	
		6.8%	66.7%	8.5%	
Have you or someone you know experienced postpartum depression after multiple pregnancies?	Yes	52	0	52	0.085
		50.5%	0.0%	49.1%	
	No	51	3	54	
		49.5%	100.0%	50.9%	
Do you know that postpartum depression can occur after multiple pregnancies?	No	22	0	22	0.369
		21.4%	0.0%	20.8%	
	Yes	81	3	84	
		78.6%	100.0%	79.2%	
Do you think that postpartum depression after multiple pregnancies is a significant issue within the Saudi cultural context?	Yes	69	2	71	0.788
		67.0%	66.7%	67.0%	
	No	11	0	11	
		10.7%	0.0%	10.4%	
	Not sure	23	1	24	
		22.3%	33.3%	22.6%	
Do you believe that healthcare providers in Saudi Arabia adequately address postpartum depression after multiple pregnancies within the Saudi cultural context?	Yes	31	1	32	0.601
		30.1%	33.3%	30.2%	
	No	25	0	25	
		24.3%	0.0%	23.6%	
	Not sure	47	2	49	
		45.6%	66.7%	46.2%	

*P value was considered significant if ≤0.05

also shows statistically insignificant relation to familiarity with signs and symptoms of postpartum depression, age group, previous experience of postpartum depression, knowing that postpartum depression is related to multiple pregnancies, if postpartum depression is significant in Saudi population and the effect of healthcare providers in addressing postpartum depression.

Table 5 shows awareness of support services for postpartum depression has statistically significant relation to the effect of healthcare providers in addressing postpartum depression in Saudi Arabia (P value=0.002). It also shows statistically insignificant relation to familiarity with signs and symptoms of postpartum depression, age group, previous experience of postpartum depression, knowing that postpartum depression is related to multiple pregnancies, if postpartum depression is significant in Saudi population and previous knowledge of postpartum depression.

Table 5: Awareness of support services for postpartum depression in association with sociodemographic and familiarity regarding postpartum depression.

Parameters		Awareness of support services for postpartum depression		Total (N = 106)	P value*
		No	Yes		
How familiar are you with the specific signs and symptoms of postpartum depression after multiple pregnancies in Saudi Arabia?	Very familiar	14	5	19	0.341
		15.9%	27.8%	17.9%	
	Somewhat familiar	61	12	73	
		69.3%	66.7%	68.9%	
	Not familiar at all	13	1	14	
		14.8%	5.6%	13.2%	
Which age group do you belong to?	18 to 24	14	5	19	0.120
		15.9%	27.8%	17.9%	
	25 to 34	26	8	34	
		29.5%	44.4%	32.1%	
	35 to 44	20	3	23	
		22.7%	16.7%	21.7%	
	45 to 54	22	0	22	
		25.0%	0.0%	20.8%	
	55 or more	6	2	8	
		6.8%	11.1%	7.5%	
How much do you know about postpartum depression after multiple pregnancies within the Saudi cultural context?	Very familiar	15	5	20	0.252
		17.0%	27.8%	18.9%	
	Somewhat familiar	64	13	77	
		72.7%	72.2%	72.6%	
	Not familiar at all	9	0	9	
		10.2%	0.0%	8.5%	
Have you or someone you know experienced postpartum depression after multiple pregnancies?	Yes	44	8	52	0.667
		50.0%	44.4%	49.1%	
	No	44	10	54	
		50.0%	55.6%	50.9%	
Do you know that postpartum depression can occur after multiple pregnancies?	No	20	2	22	0.268
		22.7%	11.1%	20.8%	
	Yes	68	16	84	
		77.3%	88.9%	79.2%	
Do you think that postpartum depression after multiple pregnancies is a significant issue within the Saudi cultural context?	Yes	57	14	71	0.436
		64.8%	77.8%	67.0%	
	No	9	2	11	
		10.2%	11.1%	10.4%	
	Not sure	22	2	24	
		25.0%	11.1%	22.6%	
Do you believe that healthcare providers in Saudi Arabia adequately address postpartum depression after multiple pregnancies within the Saudi cultural context?	Yes	21	11	32	0.002
		23.9%	61.1%	30.2%	
	No	25	0	25	
		28.4%	0.0%	23.6%	
	Not sure	42	7	49	
		47.7%	38.9%	46.2%	
Have you heard of postpartum depression (PPD) before?	Yes	85	18	103	0.427
		96.6%	100.0%	97.2%	
	No	3	0	3	
		3.4%	0.0%	2.8%	

DISCUSSION

There is now increasing recognition of postpartum depression (PPD) as a key mental health problem in various communities, including Saudi Arabia, which has paid much attention to this concern. Recognizing distinctive problems and lack of knowledge in multiparous women, this study aimed to estimate awareness of PPD among this population in the context of Saudi Arabia. A comparison of our study's findings with existing research will enable us to determine how these levels of knowledge affect the management and prevention of PPD, placing our results in a regional and global context.

A large majority of our participants were already aware of PPD (97.2%), but only 20.8% knew that the condition may be more common after giving birth more than once. Such a result reflects the findings in previous studies. For instance, Koura and Alasoom reported that women in the Eastern Province of Saudi Arabia also showed a similar level of understanding of PPD symptoms. However, their investigation showed that postpartum women, and especially those with multiple pregnancies, tend to have significant misunderstandings regarding the timing and persistence of depressive symptoms [9]. These results indicate a serious concern: even with the general knowledge of PPD, lack of understanding of the intricacies of PPD may fail to create timely awareness and intervention in women affected by PPD.

Moreover, our results on cultural factors that inhibit help-seeking are consistent with demographic trends in comparable studies in Saudi Arabia. Our participants, who

accounted for 62.3% of the group, identified cultural and social pressures as major reasons for the high reluctance to discuss mental health openly. This finding is consistent with the study of Alsaleem *et al.* [10], who indicate the existence of stigma concerning mental illness and its effect on the help-seeking behaviors of postpartum women. The finding that 77.4% of our participants have never sought medical advice on PPD is a clear gap between the awareness of the condition and the use of available mental health resources. The disparity between awareness and service utilization is a critical issue in the existing health care system as evidenced by the recommendations of Alshowkan and Shdaifat on improved provider-woman communication [11].

Furthermore, the fact that social media are perceived as the primary source of information about PPD (55.7%) represents a considerable transformation in the way health information gets to the public. Although these networks can be used to increase awareness, they can also cause misinformation if the information is not medical based. In line with other research, this demonstrates how postpartum mental health information often reaches the public through informal networks, thereby reducing the integrity of the information [12]. Our results show that social media is one of the main reasons why the participants have a rather poor understanding of PPD symptoms, as only 17.9% of them said they were very familiar with them. It suggests a basic need to use these platforms to deliver more organized and reliable health information.

These problems are aggravated by the lack of support mechanisms, as it is evident from the fact that 83% of our participants were unaware of the available resources. Findings indicate that postpartum women are frequently confronted with significant barriers to access to specialized mental health services because both structural and societal factors play a role in this problem. Postpartum women have continuous low use of mental health resources, and the healthcare protocols often fail to offer support during a vulnerable period [10]. It is supported by 76.4% of our participants that there is a great lack of cultural specificity in mental health services, which is a significant weakness of the existing healthcare system. Also, the relationship between existing knowledge about PPD and wider awareness of the condition suggests a reason to create educational programs that can be used by patients and medical professionals. Statistical analysis of our data revealed a strong correlation between these factors, suggesting that increased familiarity is related to prior knowledge and supporting the possible advantage of targeted educational efforts. O'Connor *et al.* [13] suggest that wide screening and education are important strategies for enhanced diagnosis and treatment of postpartum depression. Developing culturally appropriate educational materials can satisfy two needs at once: Increasing awareness at the same time also helps to lessen stigma about seeking support.

Although these findings are useful, we also need to keep in mind the limitations that exist in our study. The cross-sectional nature of this study's methodology, which captures a snapshot of knowledge at a certain point, fails to explain variations in awareness and attitudes towards PPD among multiparous women. The present diversity of participants is praiseworthy, but a larger sample would improve our understanding of the topic in future studies. Additionally, self-reporting may introduce biases thus potentially skewing the findings in terms of the extent to which the participants comprehend and relate to PPD.

CONCLUSIONS

This study contributes to the emerging discourse surrounding postpartum depression by exposing critical knowledge gaps among multiparous women in Saudi Arabia. Despite high levels of general awareness, the findings suggest a pressing need for targeted educational initiatives that address specific misconceptions and barriers to care. By enhancing understanding and reducing stigma, healthcare providers can foster an environment where postpartum women feel empowered to seek assistance, ultimately leading to improved mental health outcomes for mothers and their families. Efforts to integrate culturally sensitive approaches, bolstered by the engagement of social media and community resources, can create a robust framework for supporting maternal mental health in the complex landscape surrounding postpartum depression.

Ethical Statement

Informed consent was obtained from each participant after explaining the study in full and clarifying that participation was voluntary. Data collected was securely saved and used for research purposes only.

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